	MULTIF	LE DEPENDEN	IT CLAIM	SERIAL	10		
MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET				10/	56709	FILING I	DATE
(FOR USE WITH FORM PTO-875)					NT(S)	(
	3/7/08	2/3/16	3/2/08	LAIMS			
ĺ	AS FILED	AFTER	AFTE/R		LC FIX DE	AFTER	AFTER
·	IND. DEP	1"AMENDMENT	2 MAMENDMENT	·	AS FILED	I"AMENDMENT	AFIER 2 MAMENDMENT
1	/ DEF	IND. DEP.	IND. DEP.	<u> </u>	IND. DEP	. IND. DEP.	IND. DEP.
. 2				51 52	 		
3	1-1-5	1		53			
5	1 8		-\ -	<u>54</u> 55			
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TOTAL IND.	1	■		100	1		
TOTAL DEP	27 +	4 3	3	TOTAL DEP.		-	
TOTAL	20	3		TOTAL	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2333	
CLAIMS				CLAIMS			